

CITY OF BAINBRIDGE ISLAND

**FINAL SHORT SUBDIVISION APPLICATION**

FORM MUST BE COMPLETED IN INK, PREFERABLY BLUE. PENCIL WILL NOT BE ACCEPTED.

*Note: The pages in this application are required to have a 1" border on all sides. Applicants can expect to pay \$50 in recording fees for all pages with encroachments into the required border.*



<b>DATE STAMP FOR CITY USE ONLY</b>	<b><u>TO BE FILLED OUT BY APPLICANT</u></b>
	PROJECT NAME (if any):
	TAX ASSESSOR'S NUMBER(S):
	PROJECT STREET ADDRESS OR ACCESS STREET:
	<b><u>FOR CITY USE ONLY</u></b>
	FILE NUMBER:
	PROJECT NUMBER:
	DATE RECEIVED:

**SUBMITTAL REQUIREMENTS**

APPLICATION	<i>One original (which must contain an original signature) and five copies</i> must be provided. Whenever possible, originals must be <i>signed in blue</i> . Please identify the original document.
SUPPORTING DOCUMENTS	<i>One original (which must contain an original signature)</i> , where applicable, and <i>five copies</i> (if an original is not applicable, <i>six copies</i> must be provided).
FULL-SIZE DRAWINGS	<i>Six copies</i> of the required drawings must be provided. Drawings <i>must be folded</i> and <i>must be 18" x 24"</i> in size. <i>No construction drawings or other sized drawings</i> will be accepted unless specifically requested.
REDUCED DRAWINGS	<i>Two copies</i> of the drawings reduced to 11" x 17" must be provided.
SUBMITTING APPLICATIONS	Applications <i>must be submitted in person</i> by either the owner or the owner's designated agent. Should an agent submit the application, a <i>notarized Owner/Agent Agreement</i> must accompany the application. Please call (206) 780-3762 to make an appointment to submit your application.
FEES	Please call the Department of Planning & Community Development for submittal fee information.
ATTACHED SUBMITTAL CHECKLIST	Please refer to attached Submittal Checklist for further information. <b>Note:</b> when submitting this application, please do not copy or include the Submittal Checklist sheets attached to the back of this application.

**APPLICATIONS WILL NOT BE ACCEPTED**  
unless these basic requirements are met and the submittal packet is deemed counter complete.

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT  
280 MADISON AVENUE NORTH • BAINBRIDGE ISLAND, WA • 98110-1812  
PHONE: (206) 842-2552 • FAX: (206) 780-0955 • EMAIL: [pcd@bainbridgewa.gov](mailto:pcd@bainbridgewa.gov)  
[www.ci.bainbridge-isl.wa.us](http://www.ci.bainbridge-isl.wa.us)

**CITY OF BAINBRIDGE ISLAND**

**FINAL SHORT SUBDIVISION APPLICATION**

**FORM MUST BE COMPLETED IN INK, PREFERABLY BLUE. PENCIL WILL NOT BE ACCEPTED.**

*Note: The pages in this application are required to have a 1" border on all sides. Applicants can expect to pay \$50 in recording fees for all pages with encroachments into the required border.*



**A. GENERAL INFORMATION**

1. Name of property owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name of property owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name of property owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

*If the owner(s) of record as shown by the county assessor's office is (are) not the agent,  
the owner's (owners') signed and notarized authorization(s) must accompany this application.*

2. Authorized agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

3. Person responsible for payment: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT  
280 MADISON AVENUE NORTH • BAINBRIDGE ISLAND, WA • 98110-1812  
PHONE: (206) 842-2552 • FAX: (206) 780-0955 • EMAIL: [pcd@bainbridgewa.gov](mailto:pcd@bainbridgewa.gov)  
[www.ci.bainbridge-isl.wa.us](http://www.ci.bainbridge-isl.wa.us)

**CITY OF BAINBRIDGE ISLAND**

**FINAL SHORT SUBDIVISION APPLICATION**

**FORM MUST BE COMPLETED IN INK, PREFERABLY BLUE. PENCIL WILL NOT BE ACCEPTED.**

*Note: The pages in this application are required to have a 1" border on all sides. Applicants can expect to pay \$50 in recording fees for all pages with encroachments into the required border.*



4. Project contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_
5. Name of land surveyor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_
6. Planning department personnel familiar with site: \_\_\_\_\_
7. Description of proposal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Associated cases and approvals: \_\_\_\_\_
9. Please list the conditions of approval of the preliminary plat and how you have met each condition on a separate sheet.
10. Is there any other information which is pertinent to this project? ☐ yes ☐ no  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT  
280 MADISON AVENUE NORTH • BAINBRIDGE ISLAND, WA • 98110-1812  
PHONE: (206) 842-2552 • FAX: (206) 780-0955 • EMAIL: [pcd@bainbridgewa.gov](mailto:pcd@bainbridgewa.gov)  
[www.ci.bainbridge-isl.wa.us](http://www.ci.bainbridge-isl.wa.us)

**CITY OF BAINBRIDGE ISLAND**

**FINAL SHORT SUBDIVISION APPLICATION**

**FORM MUST BE COMPLETED IN INK, PREFERABLY BLUE. PENCIL WILL NOT BE ACCEPTED.**

*Note: The pages in this application are required to have a 1" border on all sides. Applicants can expect to pay \$50 in recording fees for all pages with encroachments into the required border.*



I hereby certify that I have read this application and know the same to be true and correct.

\_\_\_\_\_  
\*Signature of owner or authorized agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

*\*If signatory is not the owner of record, the attached "Owner/Agent Agreement" must be signed and notarized.*

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT  
280 MADISON AVENUE NORTH • BAINBRIDGE ISLAND, WA • 98110-1812  
PHONE: (206) 842-2552 • FAX: (206) 780-0955 • EMAIL: [pcd@bainbridgewa.gov](mailto:pcd@bainbridgewa.gov)  
[www.ci.bainbridge-isl.wa.us](http://www.ci.bainbridge-isl.wa.us)

**CITY OF BAINBRIDGE ISLAND**

**FINAL SHORT SUBDIVISION APPLICATION**

**FORM MUST BE COMPLETED IN INK, PREFERABLY BLUE. PENCIL WILL NOT BE ACCEPTED.**

*Note: The pages in this application are required to have a 1" border on all sides. Applicants can expect to pay \$50 in recording fees for all pages with encroachments into the required border.*



**SUBMITTAL DOCUMENTS**

Proposals for short plats, subdivisions and large lot subdivisions require a preapplication conference. Conferences may be applied for by property owners or other authorized applicants. Conference applications must be submitted in person at the City of Bainbridge Island Department of Planning and Community Development. A complete application shall include the items listed below (unless waived in writing by the director or project manager):

- ☐ A completed application form provided by the city containing the original signatures of all property owners;
- ☐ A notarized Owner/Applicant agreement signed by all owners in the event the owners designate an agent to act in their stead;
- ☐ The original and five (5) copies of the application and all supporting documentation (should an original supporting document not be available, please provide six (6) copies of said document);
- ☐ Six copies of the composite site plan (overlays of the base map) as defined in *Bainbridge Island Administrative Manual*. Drawings must be folded, must be 18" x 24" in size with a minimum scale of 1" = 100'. No construction drawings will be accepted unless specifically requested by the planner;
- ☐ Two copies of reduced drawings, 11" x 17";
- ☐ Vicinity map showing the proposed project site and major city streets (map shall, at a minimum, cover the section in which the project is located);
- ☐ An open space management plan
- ☐ A bond if conditions of approval have not been met

*...see drawing information next page...*

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT  
280 Madison Avenue North • Bainbridge Island, WA • 98110-1812  
Phone: (206) 842-2552 • Fax: (206) 780-0955 • E-mail: [pcd@bainbridgewa.gov](mailto:pcd@bainbridgewa.gov)  
Website: [www.ci.bainbridge-isl.wa.us](http://www.ci.bainbridge-isl.wa.us)

**CITY OF BAINBRIDGE ISLAND**

**FINAL SHORT SUBDIVISION APPLICATION**

**FORM MUST BE COMPLETED IN INK, PREFERABLY BLUE. PENCIL WILL NOT BE ACCEPTED.**

*Note: The pages in this application are required to have a 1" border on all sides. Applicants can expect to pay \$50 in recording fees for all pages with encroachments into the required border.*



**INFORMATION TO BE ON DRAWINGS**

**A. IDENTIFICATION INFORMATION** (to be included on each page of each drawing):

- ☐ Name of proposed project;
- ☐ Name, address, phone and fax numbers and e-mail address of whomever prepared the drawing;
- ☐ Date of drawing preparation;
- ☐ North arrow;
- ☐ Graphic scale (minimum scale: 1" = 100');
- ☐ Quarter section, section, township and range of the proposed project; and
- ☐ Page numbers and total number of pages.

**B. BASE MAP DRAWING CONTENT**

Please provide the following information on one or more sheets:

- ☐ Name, address, phone and fax numbers and e-mail address of property owner and applicant;
- ☐ Assessor's account number(s) of parcel(s) included within the proposed project;
- ☐ Legal description of the property included within the proposed project;
- ☐ Total area of the proposed project;
- ☐ Zoning and comprehensive plan designation(s) of parcels included within the proposed project;
- ☐ Proposed home site areas and/or lots;
- ☐ If the project is a replat of an existing subdivision, the original plat shown in dashed or faded lines along with its relationship to the proposed project;
- ☐ Contours at a maximum interval of five feet;
- ☐ Location of all existing structures, wells (including well protection areas) and other improvements located on the subject property or within 150 feet of the subject property;

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT  
280 Madison Avenue North • Bainbridge Island, WA • 98110-1812  
Phone: (206) 842-2552 • Fax: (206) 780-0955 • E-mail: [pcd@bainbridgewa.gov](mailto:pcd@bainbridgewa.gov)  
Website: [www.ci.bainbridge-isl.wa.us](http://www.ci.bainbridge-isl.wa.us)

**CITY OF BAINBRIDGE ISLAND**

**FINAL SHORT SUBDIVISION APPLICATION**

**FORM MUST BE COMPLETED IN INK, PREFERABLY BLUE. PENCIL WILL NOT BE ACCEPTED.**

*Note: The pages in this application are required to have a 1" border on all sides. Applicants can expect to pay \$50 in recording fees for all pages with encroachments into the required border.*



- ☐ Location, name and width of all existing and proposed streets, roads, bicycle paths or lanes, trails, easements, greenways, and/or open spaces located on the subject property or within 150 feet of the project;
- ☐ Existing land use(s) on the subject property or within 150 feet of the subject property;
- ☐ All streams, wetlands, shorelines, drainage ways or critical areas and any associated buffer(s) located on or within 150 feet of the proposed project;
- ☐ If within 200 feet of the shoreline, ordinary high water mark;
- ☐ Type of vegetation (i.e.: wooded, meadow, cleared, wetland, etc.) on or within 150 feet of the subject property;
- ☐ Location of all slopes steeper than 15% showing top and toe and percentage of slope;
- ☐ FEMA Flood Insurance Rate Map designation of the property included within the proposed project;
- ☐ Location and area of proposed open space (if applicable);
- ☐ Open space areas designated as separate tracts or portions of lots (if applicable);
- ☐ Location of existing and proposed individual or community water supply and septic systems on the subject property or within 150 feet of the subject property;
- ☐ Proposed means of providing water service and sanitary sewer service;
- ☐ Schematic plan of proposed utilities, if any;
- ☐ Areas of identified historical importance located on the project site or within 150 feet of the subject property (such as structures listed on the National Registry for Historic Places or places on the 1987 Bainbridge Island Historic Survey);
- ☐ Proposed means of meeting the requirements of the city's storm drainage ordinance;
- ☐ Proposed means of meeting the city's fire protection ordinance; and
- ☐ If phasing of the project is proposed, show the proposed phase boundaries.

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT  
280 Madison Avenue North • Bainbridge Island, WA • 98110-1812  
Phone: (206) 842-2552 • Fax: (206) 780-0955 • E-mail: [pcd@bainbridgewa.gov](mailto:pcd@bainbridgewa.gov)  
Website: [www.ci.bainbridge-isl.wa.us](http://www.ci.bainbridge-isl.wa.us)

## Owner/Agent Agreement

The undersigned is (are) the owner(s) of record of the property identified by the Kitsap County Assessor's account number \_\_\_\_\_, located at \_\_\_\_\_, Bainbridge Island, Washington. The undersigned hereby gives (give) consent and approval to

to act on his/her (their) behalf as his/her (their) agent to proceed with an application for (please check all items that apply):

☐ preapplication conference

☐ planning permits

☐ construction permits (i.e. building, water/sewer availability, right-of-way, etc)

on the property referenced herein. This agreement authorizes the agent to act on the owner's behalf for the above checked applications through (date or specific phase) \_\_\_\_\_.

\_\_\_\_\_  
**OWNER OF RECORD**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**OWNER OF RECORD**

\_\_\_\_\_  
**DATE**

STATE OF WASHINGTON            )  
  ) ss.  
COUNTY OF KITSAP            )

*On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared:*

\_\_\_\_\_ to me known as the individual(s) described in and who executed the foregoing instrument, and acknowledged to me that he/she/they signed and sealed the said instrument, as his/her/their free and voluntary act and deed for the uses and purposes therein mentioned, and on oath stated that he/she/they was (were) authorized to execute said instrument.

*WITNESS MY HAND AND OFFICIAL SEAL*, hereto affixed the day and year in this certificate above written.

\_\_\_\_\_  
*Notary Public in and for the State of Washington*

*Residing at* \_\_\_\_\_

My appointment expires: \_\_\_\_\_